

(Adopted by the Medical Board on February 1, 2003.)

April 18, 2003

To: Members, Medical Board of California

From: Ronald Morton, M.D., Linda Lucks

Subject: Physician Recognition Program

Purpose:

To recognize the demonstration of excellence by individual physicians and/or groups of physicians who strive to improve access and to fill gaps in the healthcare delivery system for underserved populations in California, or who have advanced the healthcare status of the public through innovation and commitment to medical education.

Goals:

- To identify and reward individuals and/or institutions who creatively meet the needs of populations that fall between the cracks of the existing medical system, including disadvantaged, underserved populations, or who have otherwise made outstanding contributions to their patients, their communities or their students in a way that improves the lives of California residents.
- To solicit nominations utilizing the Medical Board of California Web site, the *Action Report*, peers, agencies and patients through news releases to the public.
- To establish a Physician Recognition Committee of the Medical Board to review nominations and made recommendations to the full Board.
- To collaborate with the Public Education Committee in order to publicize award winners whose solutions serve as models for others and to encourage the replication of good ideas through the *Action Report* and news releases.

Qualifications, Criteria and Eligibility for Nomination:

- Awards will be granted annually. Award applications should be submitted on behalf of those individuals, services or projects that ultimately provide benefit to the public.
- Person or organization making the nominations must submit the nomination form by August 30, 2003. Send the Awards Nomination form to the Medical Board of California on (PDF format). Using Adobe Acrobat Reader, this PDF form can be filled out online and then printed for mailing; or by completing an application and mailing to:

Medical Board of California
Attention: Physician Recognition Committee
1426 Howe Avenue, Suite 54
Sacramento, CA 95825

- Exhibits and/or letters of recommendation should accompany the nomination form. Please enclose the candidate's curriculum vitae with the nomination forms.
- Nominees should demonstrate a creative model of dedication to the development and delivery of inspirational, successful and replicable models of healthcare delivery; or demonstrate service in an area of medicine that advances the public's healthcare status through clearly outstanding service, education or innovation.
- Nominees must be California-based licensees in good standing and may be individual physicians or medical groups or teams.
- Qualifying service may include service in locations with disadvantaged or underserved populations, other outstanding services offered to populations of unique status or need or service that advances medical knowledge or education in a manner that exceeds the norm and improves the healthcare status of California residents.

Nomination Process:

- Please refer to the award guidelines before completing this form.
- A completed nomination form shall be submitted on behalf of each nominee.
- In addition to the nomination form, each nomination must include:
 - ✓ At least one but no more than five letters in support of the nomination that include citations and reference to organizing efforts, successful projects and newspaper or other articles; a current CV or biography that includes work history with dates.
- The Nomination form and all supporting materials must be received **no later than August 20, 2003. Faxes will not be accepted.**

The Medical Board of California will select an award recipient, making its decision based on the criteria set forth or comparable achievements and the strength of supporting letters. The project/service need not be pro bono but must involve service of ultimate benefit to the public.

Announcement of Recipient/Award Presentation:

Immediately after the Medical Board of California's decision, the recipient shall be notified in writing. The award presentation will be held during a subsequent meeting of the Medical Board of California.

**PHYSICIAN RECOGNITION AWARD
NOMINATION FORM**

Name of nominee(s) _____

Name of project or employer _____

Address _____

City _____ Zip Code _____

Phone _____ Fax _____ Email _____

Please answer the following questions on separate sheets and attach any additional supporting materials to the nomination form.

- Describe the nominee's project/service, including purpose, focus, goals, results and impact to the community and the medical profession, and dates of service.
- Describe the organization and/or program through which the nominee served.
- Describe how and why the service/project fits within award criteria, and the effect it had on the community.
- Describe the nominee's principal areas of practice and any specialty board certification.
- Please list the nominee's memberships in local, state, national association and/or professional organizations.
- Please provide any additional information that you believe is important to the consideration of this nominee.

Name of nominator _____

Relationship to nominee _____

Employer, organization or Medical Group _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ Email _____

Mail nomination form and supporting materials to:

Medical Board of California
1426 Howe Ave., #54
Sacramento, CA 95825
Attn: Physician Recognition Award